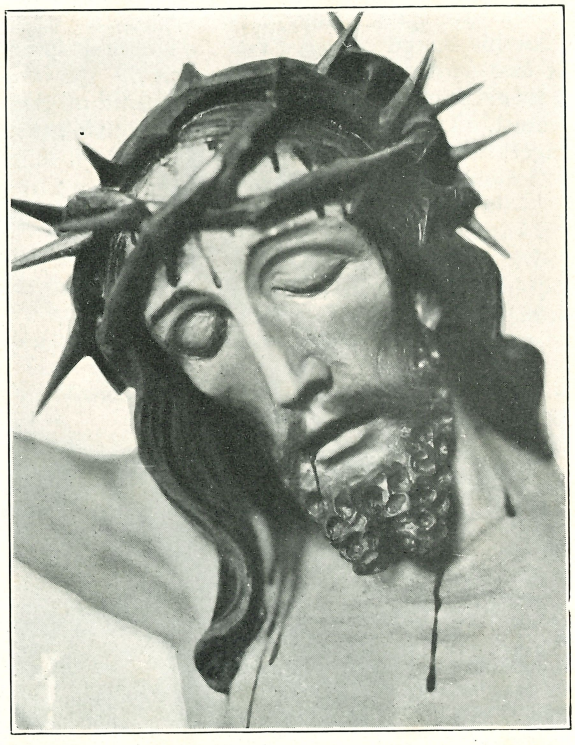
The MEDICAL MISSIONARY



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REDEMPTOR MUNDI

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES A.D. 1925
CAUSA NOS- TRÆ LÆTITIÆ

Vol. III MARCH, 1931 No. 7

THE APOSTLE OF IRELAND

"SAINT PATRICK was one of the greatest missionaries," is an easily accepted statement. What made him such? He said of himself, a youth of sixteen and a captive, often hungry and lonely, tending flocks on the green pastures of Erin, "Frequently in the day did I pray." His love and fear of God increased more and more as his faith was strengthened and his spirit was enkindled, so that in a single day, while he was roaming in the woods and on the mountain, he prayed as often as a hundred times, and by night almost as frequently. Before daybreak he used to be awakened to prayer, in snow, and frost, and rain, and yet felt no hurt.

After having endured captivity twice, God made known to him that he was destined to work for the conversion of Ireland. He spent many years in preparing himself for his sacred calling. His episcopal consecration met with great opposition from his relatives and from the clergy who wanted to keep him in their midst. They represented to him the risks and dangers which awaited him, in order to shake his resolution. These temptations were very perplexing to the Saint, but the Lord, Whom he consulted in earnest prayer, supported him, and he persevered in his vocation. He forsook his family, gave up his birthright and worldly prospects to serve strangers and consecrated his soul to God to carry His Name to the end of the earth. Having received his mission from Pope Celestine, Saint Patrick, the most enterprising of the early missionaries, organized a company, not only of clerics, but also of skilled workmen. He attended to the financial side of the enterprise and then fearlessly set sail from Gaul for Ireland. He traveled all over the island, preached to kings and peasants and baptized a vast number of people. He ordained priests, consecrated virgins to Christ, founded monasteries and schools and built many churches. He was liberal with alms, keeping nothing for himself, endured many persecutions and settled numerous disputes.

His labors were rewarded with the most marvelous success. Not only did Erin become a stronghold of the Faith without the shedding of a single drop of blood so that it soon merited the title of "the isle of saints and scholars," but from the time of Saint Patrick until now, Ireland has sent forth her sons and daughters, joyfully and generously, in countless thousands, to spread the good tidings of the Gospel to all countries of the globe. She has shown the world that armed with faith and love, one can, in any clime, be friendly and light-hearted, ready to see a silver lining in every cloud.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

The Society of Catholic Medical Missionaries is a religious community which was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

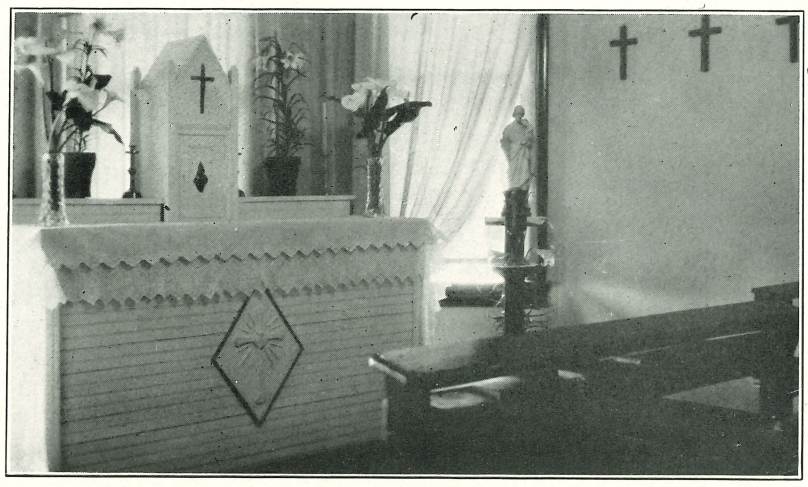
The purpose of the Society is to work for the spread of our Holy Faith and to help the sick in foreign mission countries through the establishment of hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and traveling dispensaries, and visiting the sick in their homes. Those who are desirous of devoting their lives to God in the service of the sick in the missions find ample scope for their generosity.

Three kinds of candidates are admitted: Those who are already professionally equipped as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their profession to the care of the sick in the missions.

Those who have no medical training or do not wish to take it up, but who are desirous of helping with the non-medical activities necessarily associated with the work, such as secretarial work, housekeeping, etc. There is scope for every talent.

Address all enquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.



CHAPEL AT CATHOLIC MEDICAL MISSION HOUSE

Promote Medical Missions by subscribing to "The Medical Missionary." Subscription $1 a year. Address, The Medical Missionary, Brookland, Washington, D. C.

OUR FRONT COVER

The *Redemptor Mundi* picture on our front cover is a photograph of the crucifix in our chapel in Washington. The Figure on the crucifix measures 22 inches and the cross itself, 47. It is a wood carving by a Tyrolese artist and was donated by a local friend.

We would like very much to have similar crucifixes for our chapels in Rawaldpindi and Dacca. The artist will gladly make two more for $25 each. Perhaps some one, in memory of a friend or relative, would like to donate a beautiful crucifix to one of our mission chapels. We would be very grateful.

The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.
Editor: Dr. Anna Dengel.

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MARCH MEDITATIONS

LENT

LENT is for Catholics a time of prayer, penance and almsgiving. That this is a salutary measure is recognized not only by our Holy Mother, the Church, but even by some non-Christian religions. Mohammedans, for instance, observe a very rigorous fast in the spring of the year. During the season of the fast, they neither eat nor drink from sunrise to sunset. There is no age limit to the fasting, which seems a very harsh measure.

Besides more frequent attendance at the Holy Sacrifice, the sacraments and the lenten devotions, and fasting, Catholics are exhorted to give alms during this season. All missionaries make a lenten appeal, the result of which is one of the main supports of their respective works. May we ask our readers to remember us in their lenten alms according to their means, to help us to maintain our hospital in India, to train Medical Missionaries and to extend the work. Appeals for medical missionaries come from many sides.

During Lent, the Stations of the Cross are said every day in our chapel by our missionaries, for the special intention of those who contribute to our lenten appeal.

THE NOVENA OF GRACE

From March 4 to March 13, many Catholics, in all parts of the world, make the Novena of Grace invoking the great patron of missionaries, Saint Francis Xavier, who does not fail to reward the faith of his clients.

FEAST OF SAINT JOSEPH

Saint Joseph is the friend of all. He is the universal patron of the Church, the father and protector of Christian families, the model of workers, the provider and source of refuge of religious families in all their necessities, the patron of the interior life and finally, he is our good friend and helper at the hour of death. He is such an approachable saint. His simple attire, his toil-worn hands, his claim on Jesus make us go to him feeling that he understands and that he will help. In the short existence of our Society, Saint Joseph has helped us often and wonderfully.

THE ANNUNCIATION

The Feast of the Annunciation is the patronal feast of our Society. It is the anniversary of the great *Fiat* of Our Lady in response to which "the Word was made Flesh and dwelt among us." The joy-bringing consequences of this event for the whole world can not be appreciated adequately by any one, no matter how strong his faith. Although nobody can fathom the height and depth of love, and the greatness of the mystery of the coming of Our Saviour into the world, to be our Way and our Life, yet, may it not reasonably be expected that those, who are Christians, would be grateful for the knowledge and the gifts received, and would work with might and main to share them with others? Yet, what are the actual facts? In this day and age when even the most distant corners of the globe are made accessible, only one-third of the human race is Christian. And how many of this third are real Christians, followers of Christ? There is greater zeal and greater effort to spread the Faith in our time than for generations past. This widespread missionary revival is consoling to witness, but how weak and how poor is it when compared with the sublimity of the cause and the prospects of the harvest. Nearly 2,000 years ago, Our Lord said, "The harvest is ripe, but the laborers are few." Some people are content to add, "Oh, it will come, God's ways are slow." Yes, but it is nearly 2,000 years since Our Lord said, "The harvest is ripe, but the laborers are few." His very words may be repeated, for even in our day comparatively few labor for the extension of God's Kingdom.

The object of this short article is to make us reflect both on the words of Mary, "Be it done to me according to Thy Word," and on the coming of the Saviour into the world. Meditating on these two subjects, however, it is hardly possible not to think of those for whom His Precious Blood was shed in vain. He wants a knowledge of His Life and Death to be brought to all; He invites human messengers to do it, He awaits their *Fiat*. Because of the few who respond the harvest remains unreaped.

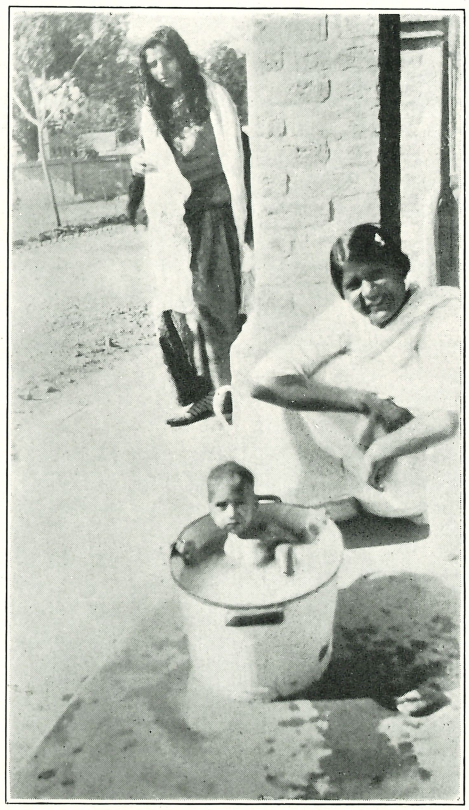
Promote Medical Missions by subscribing to "The Medical Missionary." Subscription $1 a year. Address, The Medical Missionary, Brookland, Washington, D. C.

OUR BABIES

By JOANNA LYONS, M. D.

CARING for more or less orphan babies is not one of our main works, but operates as a side line of the hospital. Sick babies and children come as patients, of course, but they are usually accompanied by a fleet of relatives of whom the best one can say is that they mean well. The sick child may not lie peaceably in his cot, but must be handled and jiggled, fed as nearly continuously all day as possible, and if he occasionally gets a cat-nap, he is apt to be roused out of that just to make sure he is not dead.

It seems that babies are not such tender morsels as one thinks. Considering the treatment many of them get, they, at least those who survive it, must be of tough and well-nigh indestructible fiber. But I do not intend to tell you of the baby patients, but of the baby lodgers, so to speak, who have stayed a while with us. Now please do not expect to hear that they come to us in a dying condition and within a month were fattened up like an advertisement for Mellins' Food — Glaxo over here. They came to us, with one exception, as rather poor risks, if one were thinking of insuring them, and three out of five died. There is nothing in that to crow over, indeed, but let us tell you of them in detail, and you will see, partly, why the statistics are not better and see, too, something of the miseries of this land, in the group around each baby.



Nurse Mary enjoys watching Joseph Stephen having his daily swim.

First there was Joseph (nearly all the babies we baptize are either Mary or Joseph). We knew the mother of Joseph long before we knew him. She was in our hospital for a few weeks, an advanced case of tuberculosis. When the family were at last made to understand that there was no hope of a cure, they took her home. Shortly after, they called me to the house, and I was with her when Joseph came to India. His poor mother died a few days later. You would hardly believe the dirt and misery of the home. God help the sick poor and the sick, who are in the hands of ignorance. The infant was tiny and anything but handsome. I knew he would not live. I could have told anybody so. Still there is that unpersuadable instinct that bids us fight for life, and I fetched him away to the hospital. I do not know what he weighed then, but when he had fattened up a bit he weighed nearly two pounds. The family, too, were pessimistic about him and let him go without a struggle.

So Joseph, the Little, was installed in a woolen nest, fortified with hot-water bottles, frequently renewed, day and night. He was fed through a tiny tube every two hours, for he could do nothing with a bottle. We tried hard to find a foster-mother for him but could not. He surprised everybody by continuing to live a few weeks, developed an almost respectable cry and a small measure of good looks on a very miniature scale—so *we* thought — but visitors were usually shocked at him. Christmas drew near and we planned a little tree and new pink flannel gowns for our three-pounder. Then one day we saw that the baby suddenly looked fatter, and presently it was seen that the beginning of the end had come for our Joseph. He left us just before Christmas to enjoy something better than a tree and pink flannel nighties in heaven. There was trouble over the mite's funeral. We would have been happy to give him burial befitting the Catholic child he had become, but the family took him away. They had reverted back to Hinduism. The Protestant minister, as a means of disciplining the backsliders, refused to bury the child and there was a great to-do. When we came to know the situation they had taken him away, and I suspect that our poor wee lambkin was finally thrown into the river.

Our next little lodger was Salome, the child of Protestant Christian parents. Salome's five-year-old sister came to the hospital with typhoid fever, at the height of its course, from which she happily recovered. Salome and her mother came, too, as the custom is. At that time the eight months or so infant was a model of fatness and amiability. The mother contracted typhoid also, was taken away by relatives while in a raging fever, and died a few days later. The baby fell to the care of an ancient grandmother whose hands were already overfull. The child began to ail and in a few weeks returned to us, the pathetic shadow of her former jolly self. With care and feeding we expected her to come back.

Let us remark in passing that, thanks to tins donated from home, we have upon our shelves tins of nearly every prominently advertised baby food of the U. S. A. Salome had many a formula, but did not get on, and by degrees it became apparent that she was suffering from tuberculosis. She was a very affectionate and pathetic child, and we grieved to see her traveling daily the road that does not turn back. Yet one should not feel anything but gladness for the little baptized babies taken away, safely and swiftly, to their Father's House. Even their sufferings are not something accidental and wasted. God alone knows how these sufferings fit into the economy of His loving designs over all. After two or three months Salome left us.

Our next baby was a young Rajput child of a non-commissioned officer in one of the regiments stationed in Rawalpindi. One day I called to see a woman who was actually dying when I arrived. It was the familiar story of the work of the untrained midwife, into whose hands ignorance and prejudice had committed the young mother. Nowhere but in India, I imagine, does one see such contrasts between man and wife. Here will be the husband, clever, educated, fairly well or very well, well set-up and spick and span in his uniform, and, on the other hand, there is the poor, illiterate wife, a bundle of unclean clothes, bangles and ill health. It would be absurd to say that all Indian families are constructed on this model, but the contrast is very striking to one going about in the homes.

But to return to the baby. There was nothing to be done for the dying mother, so I came away. In a couple of hours the little baby appeared at the hospital and was handed over for care. He was never given outright, but remained several weeks, during which he was duly visited on the average of once a day by either his smart-looking father or some of his fellow soldiers and occasionally by the commanding officer. They would come, usually in uniform, and solemnly stand round the crib watching the baby empty his bottle, seldom venturing to touch him or pick him up. Eventually they took him away in the care of a couple of wide-skirted and much bedangled women and no more was seen or heard of him.

Brother Paschal, a nice little fellow a few days old, was our next baby. He arrived on the eve of *Corpus Christi* and so received that name. He was brought to us by some of his mother's relatives of a very respectable Mohammedan family, who had been our friends since the beginning of the hospital. For a time he did well, but after a month or so he contracted enteritis and, although he had been a sturdy infant and put up a good fight against the disease, we lost him during the hot weather last summer.

Lastly we come to Joseph Stephen, now gloriously reigning in the Holy Family Hospital. Joseph arrived on the feast of St. Stephen, King. He was given to us outright, the first we so received. His father and mother had both died in some village, whose name even we do not know, and he had gone from hand to hand until he came to the notice of a good-hearted Mohammedan lady, a friend of ours, who suggested (probably because it looked as if he would die anyway) that he be given to the hospital. So arrived the baby in a perfectly wretched condition, skin and bones, eyes full of purluent discharge, limbs jerking and uttering a queer little crowing cry; in short, he was in the superlative degree of the rickety state (or of the spasmophilic diathesis, if you like that better). Brother Paschal had just died, and we were disposed to be pessimistic about Joseph Stephen's chances of life, but we took him joyfully. He was baptized on Our Lady's birthday, then consecrated to her, and put into blue and white in her honor. He was at once put on liberal doses of cod liver oil and slowly it appeared that here was a tough young man, only waiting for his chance to flourish and prosper. At first he was so thin and homely that one word rose to the lips of all who made his acquaintance, *bandar* (the monkey). But he had two assets for continuing life upon this globe—he could, and he would, smile on the least provocation, and he could manage his food. Slowly his ribs disappeared, and his stick-like extremities turned to be fat arms and legs. At present he is said to be ten months old, as fat and joyful a baby as one would wish, eating eggs, spinach, carrots, porridge, chappati, and anything else he can get his hands upon, along with unlimited milk.

He has never crept, but stands alone and will presently walk, we think. So wonderful is our baby. He has money, too. Two charitable ladies gave between them fifteen rupees (six dollars), and with that we shall buy him a postal savings certificate.

And his future? He is a real little waif sent us by God. Probably when he is too big to stay with us, for it is perhaps not a good thing to keep a young child here running about the hospital, we shall try, but this is difficult, to put him into a good Catholic family or send him to the orphanage of the Franciscan Missionaries of Mary. Thence he passes on, God willing, to the boy's school in Kashmir and then? God knows. His heavenly Mother and St. Joseph have him in hand.

FIRST FRUITS OF THE NEW YORK THRIFT SHOP

In the December number of our magazine, we told our readers of the establishment of a permanent Thrift Shop in New York by a group of charitable ladies. The charities included are the Helpers of the Holy Souls, the Cardinal Gibbon's Institute, the Barat Settlement and our Society. In the month of January the treasurer was already able to send $500 to each charity.

We wish to express our heartfelt gratitude and best wishes for the success of this very promising undertaking.

We hear from the managers that customers abound, rummage is needed. The more rummage, the more help to the charities mentioned about. Books, clothing, typewriters, toys, linen, phonograph records, sewing machines, rugs, etc., anything from arctics to automobiles can be sold. Telephone Plaza 1850 and the goods will be called for. The address of the "Lots for Little" Catholic Thrift Shop is 902 Third Avenue between 54th and 55th Streets, New York, N. Y.

THE SOCIETY AT HOME AND ABROAD

WASHINGTON

SISTER M. LEONIE, SISTER M. ELEANOR
SISTER M. XAVIER

ON SUNDAY, February 15, Miss Maria Eleonora Lippits from Bergen, Holland, Miss Leonie A. M. Tummers from Middleburg, Holland, and Miss Martha Boeckmann from Knobel, Arkansas, were invested with the garb of our Society.

Very Rev. Michael A. Mathis, C.S.C., presided and Rev. William C. Havey, C.S.C., preached a most inspiring sermon. Falling within the octave of the Feast of Our Lady of Lourdes, the day chosen for the event seemed to him to be a most appropriate one. In a few brief and graphic words he recalled scenes of an earlier feast day when he had been privileged to make his vows at Our Lady's own shrine at Lourdes. There also he had witnessed the soul-moving spectacle of the procession of the Blessed Sacrament along the path, where lay so many sick and suffering souls, sending up their cries of love and petition. He impressed us with the fact that the miracles worked there were not always those affecting the body, but in many cases great spiritual gifts brought a deeper relief and consolation to the souls of the sufferers. Their life as Medical Missionaries was now beginning. They, too, would bring relief to the body; they would, and should be ready to use all the most modern means that human skill has devised. Often they would find that supernatural aid alone would help the stricken body and bring comfort to the soul.

Miss Lippits received the name Sister Mary Eleanor, Miss Tummers, Sister Marie Leonie, and Miss Boeckmann, Sister Mary Xavier.

RAWALPINDI

On February 2, the Holy Family Hospital completed its third year of work. Since the beginning over 1,000 patients were admitted into the hospital and about 20,000 were treated in the dispensary.

Patients are also visited and treated in their own homes and at times village work is undertaken. A training school for native nurses is maintained. At present, one of the large wards is used as the parish church of the native city. Our missionaries and the native nurses are also accommodated in the hospital building. In order to make more available space for patients, the building of a chapel and a house for our missionaries and native nurses is planned. Lack of funds is the sole obstacle to the realization of these plans.

DACCA

During the first year of work in Dacca, our Sisters had to learn the language and ways of Bengal. As pioneers, they had to do spade work, the fruit of which will not be reaped immediately. They are in a city where, of the 4,000 babies born annually, 1,000 die within the first months of life. Their task is to lessen the mortality and morbidity of mothers and their babies. Besides the training of native *dais,* they each make an average of 350 house calls per month in the capacity of health visitors. They have the opportunity of helping many and of exerting a widespread influence.

EN ROUTE TO INDIA

On board the S. S. *Biancomano,* Sister Margaret Mary writes:

Off the Azores

"When the gangway was drawn ashore at the pier it made us realize more fully that we were beginning a new life, and that, you may be sure, without even the slightest regret.

"On the first morning aboard, we were ushered into the first-class saloon by the chaplain, a very kind Italian, who asked us if we would like to answer the responses at Mass. We agreed to do it in turn . . .

"Today we passed the Azores. It was lovely to see the mountains, hills and valleys, and the neat white houses with red roofs. Each valley has its own little church with a graceful spire. On the largest island we noticed some windmills and waterfalls."

Algiers

"Although the ship anchored off Algiers for several hours, we were not allowed to land on account of bad weather, they said, but later on we discovered that the doctor had issued the prohibition . . ."

ROME

The following is an excerpt from a letter sent by Sister Margaret Mary from Rome on February 7:

"Before I describe Gibraltar, you will, I know, prefer to hear about Rome. We arrived here on Wednesday afternoon from Naples. Father Doheny met us—it was so good to hear English again. He took us to the Sisters of Our Lady of Lourdes, where our missionaries stayed last year. After Benediction we walked up the hill to the church of the *Trinita Dei Monti,* but going up the wrong steps we found ourselves in the Convent of the Sacred Heart, where they called an English Mother to attend to us. We were royally received and shown everything of interest including the beautiful and famous statue of *Mater Admirabilis.*

"Next morning we heard Mass at St. Peter's and prayed for our benefactors. During Mass, Holy Communion was distributed at least four times. Later on, we met Father Sauvage, C. S. C., who was to take us to the private audience which had been arranged for us with the Holy Father.

(*Continued on page 7*)

MEDICAL MISSION NOTES

GOA

Seven Portuguese Franciscan Sisters, Hospitallers, have arrived from Europe to serve in the houses of their order in Pangim and Damaun. Two large pavilions are being built at Macasana, Salcete, to shelter about 243 lepers of Goa.

TRAVANCORE

At the request of the Travancore Government, the Swiss Congregation of the Sisters of the Holy Cross have taken up nursing duty at the Government Hospital of Mavalikara. This is the eighth hospital in the state, where the sisters are working. The town of Trivandrum, capital of Travancore, has also appointed one of the Sisters as health visitor of the town.

TO STUDY TYPHUS

In order to combat the terrible ravages of typhus, which was responsible for so many victims in the missions of the Fathers of Scheut, the former Superior General, who is a doctor, went to Poland recently to make a study of the disease.

LAZARIST PRIEST-PHYSICIAN GOES TO CHINA

Dr. Wenzel Szuniewics, a Lazarist from Poland, is assigned to the Vicariate Apostolic of Chengtinifor, Chihli, to organize a hospital in Shuntekfu.

SURGEON AND SAINT

Tomahawked for teaching a child how to make the sacred sign of the cross, René Goupil shares the glorification of the Jesuit Martyr Saints as he shared their trials and captivity.

He was born at Angers in 1607 and when grown up was for some time in the Jesuit novitiate, which he had to leave because he did not have the required bodily strength. But René felt in himself the impulse to dedicate himself to the Master's service and as it was not God's will for him to be a physician of the soul, he studied medicine and surgery in order to minister to the body.

In those days Brébeuf and his companions were working among the Indians and no doubt the tale of their sufferings and conquests for Christ must have convinced René that his medical skill could be consecrated to the Master in New France more easily than in Old France. Although he knew that many sufferings, perhaps martyrdom awaited him among the Iroquois, he crossed the Atlantic and offered his service to the Jesuits at Quebec. In the coming years he worked and gave himself to the sick and wounded in the Algonquin missions at Siley, in the Seminary at Notre Dame des Anges and in the Hôtel Dieu of the colony. When St. Isaac Jogues came to Quebec to ask help for his missions, destitute even of the barest necessaries of life, the young surgeon begged as a personal favor that he might labor for Christ among the Hurons in that desolate outpost.

With Father Jogues and some Indians he left Quebec, but they had not gone far, when the arrows and shots of hostile tribes overtook their little party and the evening saw him blood-stained and maimed, abandoned to the hatred of the cruel Mohawks. Nevertheless, René felt himself surgeon and apostle. His skilled hands bandaged the wounds of the Indian warriors while he aided Father Jogues in instructing the Huron prisoners who were not yet Christians. With clumsy fingers, each one of which had been tortured and injured by the Indians, he dressed the wounds even of his Mohawk captors, while praying that God might give them light and understanding.

One evening a little child came to him with wondering innocent eyes. René had no toy to give the little one, but his love found a gift; solemnly he made the sign of the cross over the little pagan. An old warrior had seen this, and as Father Jogues' account reads: "Two young warriors came after us. Having stopped at the gate of the village, one of these drew his axe and dealt René a blow on the head. He fell forward uttering the Holy Name of Jesus. They gave him two more blows, and then, this angel of innocence and martyr of Christ gave his life for Him who had given him His."

A beautiful and interesting account of the life of this medical mission martyr is given in a pamphlet entitled, "Surgeon and Saint," published by the Jesuit Mission Press, Inc., 257 Fourth Avenue, New York, N. Y. Price 10 cents.

EN ROUTE TO INDIA

(*Continued from page* 6)

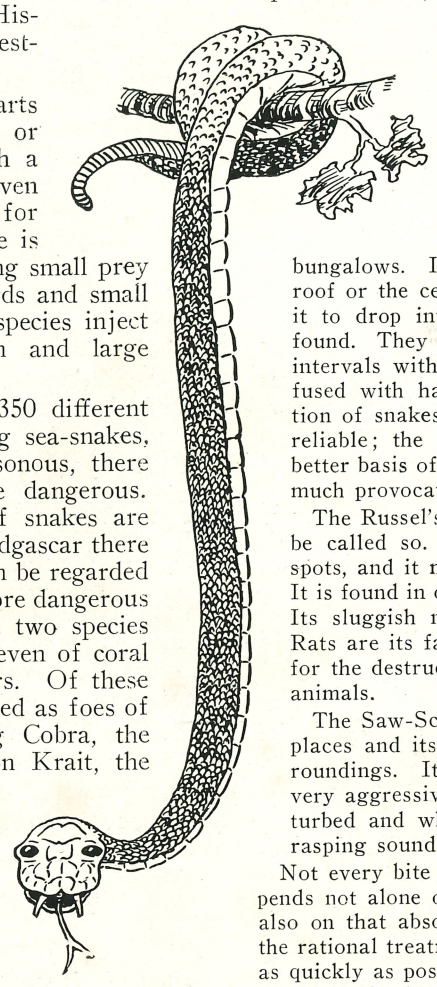
"The audience was to be at a quarter past 12, but we were somewhat delayed. After passing guards of every description, we found ourselves. In the apartment where we were to see the Holy Father. We were shown every courtesy by his attendants. We were the first party to be admitted. Father Sauvage made the necessary introductions. The Holy Father gave each of us his hand in turn and spoke in a most enthusiastic manner of the beauty and excellence of our vocation, the necessity of the work and his fervent wish that many should become medical missionaries. He spoke in Latin and added a special blessing for our Society, our benefactors, and all personal intentions. He asked where each was from and learning that Sr. Christine was from Germany, and Sr. Bernadette from the Tyrol, he addressed a few words to them in their native tongue. He said goodbye wishing us every grace and blessing, this time in English. At the time hardly one of us realized our privilege, but I feel now that it will be a treasured memory for us all.

"Father Sauvage intends to write out and send you a translation of the exact words of the Holy Father."

EATERS OF DUST

THINKING of Saint Patrick made me think of snakes. One of the many things the Irish owe to Saint Patrick is that he banished these dangerous and fear-inspiring reptiles forever from the Emerald Isle. In the *Indian State Railway Magazine,* C. H. Prater, the Curator of the Bombay Natural History Society, gives some interesting data of snake life.

Snakes are found in most parts of the world. All are more or less poisonous, many in such a slight degree that they are even used to furnish table dainties for natives. The venom of some is capable of killing or paralyzing small prey only, such as earthworms, birds and small animals, while certain other species inject enough venom to kill man and large animals.



In India alone there are 350 different species of snakes. Excluding sea-snakes, all of which are highly poisonous, there are forty species which are dangerous. In Australia the majority of snakes are highly poisonous, while in Madgascar there is not a single snake which can be regarded as dangerous to man. The more dangerous land snakes of India include two species of cobras, twelve of kraits, seven of coral snakes, and nineteen of vipers. Of these only five kinds may be regarded as foes of man. They are: The King Cobra, the Common Cobra, the Common Krait, the Phoorsa or Saw-Scaled Viper, and the Russel's Viper.

The poison apparatus of snakes is highly efficient. It may be likened to a hypodermic syringe. The most highly specialized kinds of vipers have the most complicated fangs. When not in use the fangs fold back and are enclosed under tension in a sheath, so that when the snake opens its mouth they are released automatically. Should the active fangs be damaged, there are reserve ones to take their place.

The King Cobra is the largest poisonous snake. Specimens fifteen feet long have been found. Generally it is of a uniform brown or black color, but banded varieties with light markings are not uncommon. The most terrifying thing about this cobra is that it can raise itself to the height of a man—deaths are recorded from fright alone.

The Common Cobra has a larger hood than the King Cobra. The hood is formed by the expansion of the ribs in the region of the neck. Its favorite habitats are bungalows, mounds of brick and stones, gardens, old walls and outhouses. Rats and frogs are its main food. Eggs are a much relished delicacy. There is even a belief that snakes milk cows, but, according to Prater, this is an anatomical impossibility. Common Cobras vary in color and markings, one variety having a speckled hood, another a white or creamy circle on the hood. They are by nature timid, and, strange to say, the frisky young ones, which are poisonous in the first months of life, are more to be feared than their staid parents.

The Common Krait is the most elusive of snakes mentioned. It is found in rice fields, in jungles and in bungalows. In the last named place it prefers the roof or the ceiling, so that it is an easy matter for it to drop into beds, where they are occasionally found. They are of a deep, bluish black, marked at intervals with linear white rings, and may be confused with harmless wolf snakes. The identification of snakes by their colors and markings is not reliable; the character of the scaling furnishes a better basis of distinction. Timid by nature, it takes much provocation to make a krait bite.

The Russel's Viper is handsome, if any snake may be called so. Its color is brown, with dark oval spots, and it may attain a length of nearly six feet. It is found in open fields, jungles and near dwellings. Its sluggish nature makes it a lover of sunshine. Rats are its favorite diet, therefore it is responsible for the destruction of an enormous number of these animals.

The Saw-Scaled Viper is found in dry and desert places and its coloring is in harmony with its surroundings. It rarely measures over a foot, but is very aggressive. It produces a hissing noise if disturbed and when the scales are rubbed together a rasping sound results.

Not every bite by a poisonous snake is fatal. It depends not alone on the amount of poison injected, but also on that absorbed into the system, which explains the rational treatment of sucking or incising the wound as quickly as possible and of applying a ligature above the bite. Snake poisons are highly complex chemical compounds, which so far have defied analysis. Once a lethal dose is absorbed there is very little hope. The commonest symptoms are faintness, labored breathing, loss of power to move the limbs, to speak or to swallow, protusion of the tongue, appearance of froth at the mouth, pain and swelling of the veins which appear red; towards the end, cold sweats, convulsions and insensibility set in. Death from snake bite may occur from within a few minutes to several hours.

The only reliable remedy is antivenin. In India, at present, antivenin is available only against the bite of the cobra and the Russel's Viper. It is made at the Pasteur Institute of Kasauli, India. The natives have numerous mantras and charms, thought by them to be sure cures. Snakes are revered as gods by some. In India alone they are responsible for about 20,000 deaths annually, which, however, is much less than casualties from motor accidents in U. S. A., therefore do not for this reason omit India on your travels round the world.—A. D.